Los Angeles County Sheriff's Department

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Supervisor's Report on Use of Force Page 1 of 10 Incident Information URN: 9 1 2 -0 0 1 2 0 -Time: 1 4 5 3/29/12 1430 1601 Eastlake Avenue City or Station: Los Angeles 90033 Location: Bureau/Station/Facility: Court Services Division/ East Bureau/ Eastlake Admin. Investigation: YES NO NO Type of Force: Significant / Control Holds / Possible fracture to right wrist Deputy Injury : YES NO X Suspect Injury YES NO Observation Detail Detail Foot Pursuit Vehicle Pursuit IAB Notified: YES NO Person Notified: IAB Roll Out: YES NO X Lt. Ault. Alicia Emp: Involved Employee First Name Employe Last Name Middle Name Wilson Antoinette Sex: Unit of Assignment: Race: Work Assignment (Unit #, Module, etc.): Male X Female Н Eastlake Juvenile Court Department 201 Shift: Height: Age: Weight: OT Shift Off Duty Regular Shift Day Day PM EM 509 165 Coroner Case # Directed Force Admitted Hospital: Injured Treated Significant Force First Name Employee # Last Name Middle Name Anpree Norman Sex: Unit of Assignment: Race: Work Assignment (Unit #, Module, etc.): Male Male Female 0 Eastlake Juvenile Court Lock-up Shift: Height: Weight: Age: Regular Shift OT Shift Off Duty EM Day PM 602 200 Coroner Case # Directed Force Admitted Hospital: Injured Treated Significant Force Employee # Last Name First Name Middle Name Reyes Yvette Sex: Unit of Assignment: Race: Work Assignment (Unit #. Module, etc.): X Female Eastlake Juvenile Court Male H Department 202 Shift: Height: Weight: Age: Regular Shift **OT Shift** Off Duty EM Day PM 505 175 Coroner Case # Directed Force Admitted Injured Treated Significant Force Hospital: Additional Involved Employees On Duty Supervisor Witness to Incident Emp. # Last Name First Name Middle Name Rank Present YES 🛛 NO 🛚 YES NO **B**1 Present First Name Middle Name Rank Witness to Incident Emp. # Last Name YES NO YES NO Watch Sergeant Last Name Middle Name Emp. First Name Williams Ronald Watch Commander Last Name First Name Middle Name Nutt Richard C. Lieutenant Richard Nutt Watch Commander (Print Name) Watch Commander's Signature: Emp #: Date Sergeant Ronald Williams Sgt. Williams 196157 Copy Provided to Employee by: Supervisor Completing Form: (Print Name) Emp #/ Anselmo C. Gonzalez Unit Commander (Print Name) Emp #:

Original: Discovery Unit

Copy: Unit Commander

SH-R-438P (Rev. 03/12)

DISCOVERY Use Only

Supervisor's Report on Use of Force SUSPECT INFORMATION

912-00120-4125-145

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	po depos como mais por especial de la como s	Suspect Inform	nation	नावन अभिन्नेत्रात्रक छ । ईनेहर्स, १५४) जुल्ले कर्म						
S <u>1</u>	Last Name	First Name		Mic	ddle Name					
	AKA Last Name	First Name		Mic	ddle Name					
	Sex: Male Female Race: Street Address:			City:	State	& Zip Code:				
	Work Phone: Home Phone:	Age: 13	Height: 505	D.O.B.	Weight: 150	Armed?				
	Booking #: Primary Charge Code: 24	3(b) P.C.	Secondary Chai	rge Code: 148 (a)		Criminal History				
			nce (L.A.F.D.) Unit: L.A.F.D. #1 Phone #: (213) 485-62							
	Hospital Admission? Rec'd Treatment At: L.A. Co	ounty USC	Coroner Ca	se #:	Mental His	tory User's guide provides direction on this entry				
	By Doctor: Peabody Address:	1200 N.	State Street, L.	.A. 90033 P	hone #: (3	23) 226-5019				
	Under Influence: YES NO Substance:	Suspect In	51	150 a factor in force	YES [NO User's guide provides direction on this entry				
	Date: 3/29/12 Time: 1445 Audiotape			Photos of Injuries:		MITS HEARING INOUNCEMENTS				
		Suspect Info	rmation			* Service of the Park of the August 1				
S	Last Name	First Name		Mic	ddle Name					
	AKA Last Name	First Name			ddle Name					
	Sex: Male Female Race: Street Address:			City:	State	& Zip Code:				
	Work Phone: Home Phone:	Age:	Height:	D.O.B.	Welght:	Armed?				
	Booking #: Primary Charge Code: Secondary Charge Code: Criminal History									
	EMT in attendance? YES NO Name:	161915	Unit:		Phone #:					
	Hospital Admission? Rec'd Treatment At:		Coroner Cas	direction on thes entry						
	By Doctor: Address:				hone #:					
	Under influence: YES NO Substance:	0		150 a factor in force	in force YES NO User's guide provides direction on this entry					
	Date: Time: Audiotape:	Suspect II		Photos of Injuries:	□ AD	MITS HEARING				
	S	Suspect Inform	nation			NOUNCEMENTS				
S_	Last Name	First Name		М	iddle Name					
	AKA Last Name	First Name		M	iddle Name					
	Sex: Male Female Race: Street Address:			City:	Stat	e & Zip Code:				
	Work Phone: Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed?				
	Booking #: Primary Charge Code:		Secondary Cha	arge Code:		Criminal History				
	EMT in attendance? YES NO Name:	Unit: Phone #:								
Hospital Admission? Rec'd Treatment At: Coroner Case #:						Mental History User's guide provides direction on this entry				
By Doctor: Address: Phone #:										
	Under Influence: YES NO Substance:			50 a factor in force	YES [NO User's guide provides direction on this entry				
	Date: Time: Audiotape:	Suspect I Video		Photos of Injuries:		MITS HEARING				
1			<u> </u>		L AN	NOUNCEMENTS				

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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		adiyarilga, 🖹	mployee Witnesses							
Emp. #	Last Name		First Name				Middle Name			
Emp. #	Last Name		First Name			Middle Name				
Emp. #	Last Name		First Name				Name			
Emp. #	Emp. # Last Name			First Name						
Emp. #	Last Name		First Name			Middle Name				
Emp. #	Last Name		First Name			Middle N	Name			
The Market of the Control		Non	-Employee Witnesses	s					a day sign square	
Last Name		First Name			e Name		Age	9	D.O.B.	
Eps	stein	A	lbert				57			
Street Address			City		Zip Code	Work (3		_	me Ph.	
160	1 Eastlake Avenu	ie	Los Angel	es	90033		(23) -8927		.,,-,,-,,-	
Last Name		First Name			Name		Age		D.O.B.	
Rar	mos	G	Bloria				34			
Street Address	3.2-		City		Zip Code	Work B			me Ph.	
160	1 Eastlake Avenu	IG.	Los Angel	95	90033	(3	23) -8911			
	Lastiane Aveil	1	LOS Allyci			220	_	-		
Last Name Tot	tten	First Name	obert	Middle	Name		Age		D.O.B.	
Street Address		130	City		Zip Code	Work Di	<u></u>	Hou	me Ph.	
	1 Eastlake Avenu	ie	Los Angel	es	90033	Work (3)	23) -8911	110	He Fil.	
Last Name		First Name			Name		Age	Ť	D.O.B.	
Alva	arez		nando							
Street Address			City		Zip Code	Work (3)	23)	Ho	me Ph.	
160	1 Eastlake Avenu	e	Los Angele	es	90033		8911			
Last Name		First Name		Middle	Name		Age		D.O.B.	
Gov	vea	An	tonio		,					
Street Address			City		Zip Code	Work B	23)	Hor	me Ph.	
160	1 Eastlake Avenu	е	Los Angele	es	90033		8911			
Last Name		First Name	(4)	Middle	Name		Age	П	D.O.B.	
Nels	son	De	enise				62			
Street Address			City		Zip Code	Work (3)	231	Hor	ne Ph.	
1601	1 Eastlake Avenu	e	Los Angele	es	90033	226-	8911			
Last Name	(-	First Name		Middle			Age	T	D.O.B.	
Cha	ang		ohn				36			
Street Address			City		Zip Code	Work Bb	231	Hon	ne Ph.	
1601	I Eastlake Avenu	e	Los Angele	S	90033	226-8				
Last Name		First Name		Middle	Name		Age		D.O.B.	
Kne	ox	Jı	ulia							
Street Address			City		Zip Code	Work (32	121	Ноп	ne Ph.	
1601	I Eastlake Avenu	e	Los Angele	S	90033	226-8	3) 3998			
Last Name		First Name		Middle Name		Age			D.O.B.	
Street Address			City		Zip Code	Work Ph.		Hom	ie Ph.	

Additional Witness

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Method

(AW)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC)	Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)	(CN)	Restraint Device (Capture Net)
(BF)	Bodily Fluids	(FO)	Firearm (Other)	(RH)	Restraint Device (Handcuffs)
(CN)	Canine	(FB)	Flashbang	(HB)	Restraint Device: Hobble (Legs Only)
(CR)	Carotid Restraint	(FL)	Flashlight	(TP)	Restraint Device: Hobble (TARP)
(CH)	Choke Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT)	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(TT)	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	(00)	Other Weapon: Other	(SG)	37mm Stinger
(CE)	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
(OC)	Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
(TG)	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Taser
(EX)	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncoonerative

(TG) (EX)	Chemical Agents (Explosives	Tear (onal Weapon (Hand/Arm) onal Weapon (Push)		(TR) Tase (UC) Unco		ive		
Туре	of Injury					Bod	y Part Inju	red			
(AB) (BR) (BU) (CP) (CO) (DH) (DI)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation	(FR) (GS) (HB) (LC) (ND)	Gunshot Human Bite	(PW) (SD) (ST) (UN) (RM)	Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious Refused Med Treatment NONE	(AD) (AK) (AR) (BK) (BT) (CH) (EL)	Abdomen Ankle Arm Back Buttocks Chest Elbow	(FE) (FI) (GE) (GR) (HD)	Face Feet Fingers Genitals Groin Hands Head	(HI) (IZ) (KZ) (LE) (XK) (SH) (SH) (WR)	Hip Internal Knees Leg Neck Nose Shoulder Wrist

FORCE USED B	Y	FORCE USED AGA	Method	Type of	Body Part		
Name	E# or S#	Name	E# or S#	(Code)	Injury (Code)	(Code)	
Deputy Wilson	E#1	SJA	S#1	CT	FR	WR	
SJ/	S#1	Deputy Wilson	E#1	RS/PO	NN		
Deputy Anpree	E#2	SJ/	S#1	CT/RH	FR	WR	
SJ/	S#1	Deputy Anpree	E#2	RS	NN		
Deputy Lopez	E#4	SJ/	S#1	CT/RH	FR	WR	
SJ/	S#1	Deputy Lopez	E#4	RS	NN		
Deputy Reyes	E#3	SJ/	S#1	CT/RH	NN		
SJ/	S#1	Deputy Reyes	E#3	RS	NN		
Deputy Anpree	E#2	SJ/	S#1	CT	FR	WR	
SJ/	S#1	Deputy Anpree	E#2	RS	Br	LR	
Deputy	E#5	SJ/	S#1	CT/RH	FR	WR	
Deputy	E#6	SJ/	S#1	CT	FR	WR	
SJ/	S#1	Deputy	E#6	UC	NN		
Deputy Reyes	E#3	SJ/	S#1	CT	NN		
SJ/	S#1	Deputy Reyes	E#3	UC	NN		

Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation 9 1 2 - 0 0 1 2 0 - 4 1 2 5 - 1 4 5

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				Involved Emp	loyee				
E_4	Employee #					me		Middle Name	
<u>-</u>			Lopez				Clark		
	Sex: Male Female	Race:	Unit of Assignment: Work A Eastlake Juvenile Court			Assignment (Unit #, Module, etc.):			
		H	Easti				Departme		
	Shift: Dav		Regular Shift	OT Shift	Off Duty	Age:	Height	Weight:	
	☐ EM ☐ Day	L PM	<u> </u>				600	175	
_ 4	П., . П						Coroner Case #	Directed Force	
	Injured Treated	Admitted	Hospital:					Significant Force	
E _5	Employee #	Last Name			First Nan	ne		Middle Name	
	Sex:	Descri	Unit of Assignme			Lucia			
	Male Female	Race:		ake Juvenile	Court	VVORK A	Assignment (Unit #, Mo Bonus		
	Shift:		Lastic	and ouvering	Court	Agos	Height:	Weight:	
	☐ EM ☐ Day	□РМ	Regular Shift	OT Shift	Off Duty	Age:	600	185	
								Directed Force	
	Injured Treated	Admitted	Linevitete				Coroner Case #	Significant Force	
			Hospital:						
E_6	Employee #	Last Name			First Nar	ne		Midd <u>le Na</u> me	
	Sex:	Sex: Race: Unit of Assignment: Work					Assignment (Unit #, Mo	odule, etc.):	
	Male Female	H	H Recruit Training Bure			reau CARP in Department 203			
	Shift:		M	Mor aug	Пото.	Age:	Height	Weight:	
	☐ EM ☑ Day	PM	Regular Shift	OT Shift	Off Duty		511	215	
							Coroner Case #	Directed Force	
	Injured Treated	Admitted	Hospital:					Significant Force	
E_	Employee #	Last Name			First Nar	me		Middle Name	
	Sex:	Race:	Unit of Assignme	ent:		Work A	Assignment (Unit #, Mo	odule, etc.):	
	Male Female								
	Shift: Day	□ РМ	Regular Shift	OT Shift	Off Duty	Age:	Height	Weight:	
							Coroner Case #	Directed Force	
	Injured Treated	Admitted	Hospital:					Significant Force	
E_	Employee #	Last Name			First Nar	ne		Middle Name	
	Sex:	Race:	Unit of Assignme	ent:		Work A	Assignment (Unit #, Mo	odule, etc.):	
	Male Female				-				
	Shift: Day	☐ PM	Regular Shift	OT Shift	Off Duty	Age:	Height:	Weight:	
							Coroner Case #	Directed Force	
	☐ Injured ☐ Treated	Admitted	Hospital:					Significant Force	